

**HEALTHY NEW JERSEY 2010
STATE HEALTH ISSUES
OPINION SURVEY**

Conducted for:

New Jersey Department of Health and Senior Services
Office of Policy and Research

Conducted by:

The Eagleton Institute of Politics
Center for Public Interest Polling
Rutgers, The State University of New Jersey

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EXECUTIVE SUMMARY

The New Jersey Department of Health and Senior Services commissioned the Eagleton Institute's Center for Public Interest Polling at Rutgers University to conduct a statewide survey of New Jersey residents to assess their views on important health issues. The survey is part of the Healthy New Jersey 2010 planning process.

The survey involved telephone interviews conducted between May 4 and 11, 1999 with a random probability sample of 804 New Jersey residents 18 years old and older. Percentages for the total sample of 804 have a sampling error of ± 3.5 percent. The 1999 survey was based on a series of questions asked in a 1991 Eagleton poll for the department.

Most Important Health Issue

Study participants were asked to rate 12 types of health issues in terms of their importance in New Jersey. After rating each of the 12 health issues on importance, study participants were asked to select one as the most important for New Jersey.

From this list cancer (24%) emerged as the top health issue facing New Jersey, followed by access to and ability to pay for care (16%) and AIDS/HIV (15%).

The remaining 9 issues were each chosen by 6 percent or fewer participants as the most important issue, including: alcohol/drug abuse (6%), heart disease (5%), worksite/ environmental hazards (4%), teen pregnancy (4%), sexually transmitted disease (3%), vaccine-preventable infectious disease (2%), racial/ethnic differences in health status (2%), infant deaths (1%), and injuries (<1%).

The rank order of these issues has changed since the 1991 study when AIDS/HIV was named as the most important issue by 35 percent of study participants. Access/ability to pay for care was ranked second at 15 percent (similar to the current standing for this health issue). Cancer as the most important issue is now ranked much higher than it was in 1991 when it was chosen by only 11 percent.

Alcohol/drug abuse (11% in 1991) and worksite/environmental hazards (7% in 1991) are now somewhat less likely to be seen as the most important health issue than they were eight years ago.

Among different demographic groups in the population, black residents are most likely to choose AIDS/HIV (40% to 25% Hispanic and 9% white) and Hispanic residents are more likely than others to choose sexually transmitted disease (12% to 5% black and 1% white) as the state's most important issue from among the 12 mentioned in the survey.

White residents are more likely than minority residents to name cancer (29% white to 14% Hispanic and 11% black) or access/ability to pay for care (19% white to 9% Hispanic and 7% black).

Role of Different Entities in Addressing Health Issues

The 1999 survey included a new set of questions asking study participants to assess the role of 11 different entities in addressing their most important health issue.

Among these choices, New Jerseyans feel that doctors (86%), hospitals (85%), families (83%), and individuals (82%) are the leading entities that have an “extremely” or “very” important role in addressing the state’s most important health issue.

Two-thirds or more also say that federal government (72%), state government (71%), and schools (66%) have an extremely or very important role.

Six-in-ten say the same about local government (61%), and about half say the same about the role of the news media (56%), employers (55%), and churches (47%) in addressing the most important health issue.

Minority residents and urban residents are more likely than other New Jerseyans to say that each of these entities plays an extremely or very important role in addressing the health issue they name as most important. This racial/ethnic difference is largest in perceived role of schools and churches.

There are also differences in the perceived role of these 11 entities by the type of issue study participants name as the state’s most important health concern. For the top health issues, the important entities identified by two-thirds or more include:

Cancer: hospitals (95%), doctors (91%), individuals (81%), families (74%), federal government (73%), and state government (68%).

Access to or ability to pay for care: state government (82%), hospitals (82%), doctors (80%), federal government (78%), families (77%), employers (74%), and individuals (73%).

AIDS/HIV: doctors (97%), hospitals (95%), families (90%), individuals (87%), schools (86%), state government (74%), federal government (72%), and local government (72%).

Conclusions

New Jerseyans' assessment of the state's most important health issues establishes a clear trend with cancer emerging as the top issue, followed closely by access/ability to pay for care and AIDS/HIV. Injury is considered the least important of the 12 issues specifically mentioned in the survey. The remaining eight issues -- alcohol/drug abuse, heart disease, worksite/environmental hazards, teen pregnancy, sexually transmitted disease, vaccine-preventable infectious disease, racial/ethnic differences in health, and infant deaths -- cluster together after the top three issues.

The top three issues are in a slightly different order than they were in 1991, when AIDS/HIV was the top issue, followed by access/ability to pay for care, and then cancer.

The health care profession (such as doctors and hospitals) along with individuals and their families are seen as playing the most important role in addressing the majority of these health issues. Government and schools are also considered to be important players in addressing these concerns. The news media, employers, and churches are generally seen as having less of a role. However, the relative importance of each of these entities varies depending on the health issue that is named as most important.

Background

The New Jersey Department of Health and Senior Services has been involved with the Healthy New Jersey initiative since 1991, when it published *Healthy New Jersey 2000: A Public Health Agenda for the 1990s*. For the first time, New Jersey not only defined a comprehensive set of goals for preventing disease and improving the health of the State's residents over the coming decade, but also identified very specific targets for improvements as well as indicators to measure progress toward these targets. In adopting this public health agenda, New Jersey followed the example set by the U.S. Department of Health and Human Services, which published *Healthy People 2000* -- a set of 300 national health promotion and disease prevention objectives for the year 2000.

In January 1999, an Inter-Departmental Steering Committee chaired by the Department of Health and Senior Services was convened to prepare a similar health agenda for New Jersey for the next ten year period. To ensure public input early in the process, the department commissioned focus groups as well as this public opinion survey to assess New Jersey's leading health issues.

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CHAPTER 1: INTRODUCTION

A. Project Background and Objectives

The New Jersey Department of Health and Senior Services (“NJDHSS”) is interested in assessing state residents’ views on important health issues as part of the Healthy New Jersey 2010 planning process. To obtain this information, NJDHSS commissioned the Eagleton Institute’s Center for Public Interest Polling at Rutgers University to conduct a statewide survey of New Jersey residents.

The specific issues addressed by this study include:

- “Top-of-mind” identification of most important health issues in New Jersey;
- Public perceptions of importance on 12 health issues identified by NJDHSS; and
- Role of different entities in addressing the most important health issue.

B. Summary of Research Methodology

The questionnaire for this study was developed by Eagleton in consultation with NJDHSS. Most of the questions are based on a similar poll conducted by Eagleton for NJDHSS in 1991. The draft questionnaire was pretested and modifications were made to the survey instrument. The final version of the questionnaire is included in Appendix A.

The survey involved telephone interviews conducted between May 4 and 11, 1999 with a random probability sample of 804 New Jersey residents 18 years old and older. Percentages for the total sample of 804 have a sampling error of ± 3.5 percent at a 95 percent confidence level

with 50/50 proportions. Sampling error is the probability difference in results between interviewing everyone in a population versus interviewing a scientific sample taken from that population. In other words, if 50 percent of a sample of 804 agree with a particular statement, the margin of agreement within the total population is between 46.5 percent and 53.5 percent.

Sampling error increases as the sample size becomes smaller, as for groups within the population. For example with racial/ethnic groups such as black or Hispanic residents with sample sizes of 100 or smaller the relevant margin of error is upwards of $\pm 10\%$. This statistical relationship should be kept in mind when comparing the results among population groups.

Sampling error does not take into account any other possible sources of error inherent in any study of public opinion. A more comprehensive description of the research methodology is included in Appendix B.

C. Organization of the Report

This descriptive report is designed to provide an overview of the key findings from the research and a road map to the data produced from the survey. Following this introductory chapter is a summary of the survey findings. The descriptive text is followed by statistical tables. In most cases the percentages on the tables read from left to right with the total equal to 100 percent. In instances where there is statistical rounding, the total may be more or less than 100 percent. The table will also report the “(n)” for each group referenced on the table. The “n” is the actual number of people in the group the percentages are based on. Readers should be aware of the “(n)” when referencing the percentages on a table. Smaller sub-groups will have a higher margin of sampling error. Therefore, in some cases what may appear to be a large

difference between groups is a result of the larger sampling error and may not be statistically significant. The descriptive text will discuss only those findings which are statistically significant.

The title of the table summarizes the actual question that was asked. After the title is a “(Q)” designation that identifies the specific question number on the questionnaire to which the percentages refer. Readers are encouraged to use the questionnaire in Appendix A if they want to review the exact question wording.

Following the descriptive text and tables, there are four appendices. Appendix A has the text of the questions used in the survey as well as the demographic and other questions used in the analysis of the data. Appendix B provides additional information about the survey methodology so interested readers may have a better understanding of the process used to obtain the data. A demographic profile of survey participants is in Appendix C.

D. Acknowledgments

At Eagleton, the study was conducted by Janice Ballou, Director, and Patrick Murray, Senior Research Analyst. For NJDHSS, Marilyn Dahl and Ruth Charbonneau provided guidance for the project. The report and the interpretation of the survey findings are the sole responsibility of the Center for Public Interest Polling, the Eagleton Institute of Politics at Rutgers the State University of New Jersey.

CHAPTER 2: OVERVIEW OF SURVEY FINDINGS

A. Introduction

The survey findings reported in this chapter are organized around the main questions included in the questionnaire. In each of the sections to follow, the overall findings for all New Jerseyans are generally presented first. Where appropriate, these findings are compared to the 1991 survey results. These findings are followed by a discussion of the results for selected groups within the population.

This chapter presents the results for different questions about the importance of various health issues. The survey used three different approaches to assess New Jerseyans' opinions on this:

Open-ended format (No response options read)

This approach requires the person who is responding to think of a "top of mind" answer to the question without any assistance from the interviewer.

Rated format (Aided with response options)

The survey participant is asked to evaluate each of twelve health issues on an importance scale. The interviewer provides the health issues and the response options for the scale.

Close-ended format (Aided with list)

The survey participant is asked to choose from among the twelve listed items.

B. Most Important Health Issue (Open-Ended)

Without being given any prompts or suggested responses, study participants were asked to name the most important health concern facing New Jersey. These "top-of-mind" answers may be less considered than responses that develop after being able to give the topic some

thought, but they provide an important indication of what issues are on New Jersey's public health "radar screen." In this sense, access to or ability to pay for health care and health insurance (24%), cancer (15%), and pollution (13%) emerge as the main "top-of-mind" health issues that New Jerseyans feel are important for the state (Table 1). Other issues named include senior citizen health (7%), AIDS/HIV (5%), alcohol and drug abuse (3%), and worksite or environmental hazards (3%). One percent or less of residents name heart disease, vaccine-preventable infectious disease, child health, clean water, or sexually transmitted disease as their top "top-of-mind" health issue.

Among different New Jersey demographic groups, women (18%) are somewhat more likely than men (11%) to identify cancer as the most important "top-of-mind" health issue in the state. White residents (22%) are more concerned than black (14%) and Hispanic (12%) residents about access/ability to pay for care, whereas black (12%) and Hispanic (10%) are somewhat more likely than white residents (3%) to name AIDS/HIV as their top issue. Parents of children under age 18 (10%) are also more likely than other New Jersey adults (2%) to name AIDS/HIV. Residents age 50 to 64 (29%) comprise the cohort most concerned with access/ability to pay for care.

When this study was first conducted in 1991, the leading "top-of-mind" issues in New Jersey were access to and ability to pay for care (20%), AIDS/HIV (16%), pollution (15%), and worksite or environmental hazards (13%). Other issues that registered more than 1 or 2 percent in 1991 included senior citizen health (6%), cancer (5%), and alcohol and drug abuse (3%). Compared to eight years ago, the number of residents who currently name cancer as the most important issue is up (+10% age points), while the percentage who name either AIDS/HIV (-

11 percentage points) or worksite/environmental hazards (-10 percentage points) as the state's most important health issue is down from the 1991 findings. Compared to eight years ago, perceived "top-of-mind" importance of access to and ability to pay for care and health insurance is just slightly higher. The proportions of residents currently registering their concerns about pollution, senior health, and alcohol/drug abuse are similar to the 1991 findings.

C. Rated Importance of Health Issues

Study participants were asked to rate 12 types of health issues on a 5-point scale ranging from extremely important to not at all important. Three-fourths of all New Jersey residents rate 11 of these 12 items as "extremely" or "very" important (Table 2). These include cancer (93%), access/ability to pay for care (89%), AIDS/HIV (86%), heart disease (84%), vaccine preventable infectious disease (81%), alcohol/drug abuse (81%), sexually transmitted disease (80%), eliminating racial/ethnic differences in health status (79%), infant deaths (78%), worksite/environmental hazards (77%), and teen pregnancies (76%). Among the 12 health issues mentioned in the survey, only injuries (54%) are considered extremely or very important by fewer than 3-in-4 residents.

Isolating those residents who give each issue the highest rating of "extremely important," cancer is seen as the top issue, with more than half of New Jerseyans (55%) saying this is an extremely important health issue for the state. Nearly half also give the top rating to AIDS/HIV (47%) and access/ability to pay for care (45%). The remaining items are said to be extremely important by between 31 and 39 percent of residents, except for injuries which is considered extremely important by only 15 percent of New Jerseyans.

Generally, there are very few substantial differences in the “extremely/very important” ratings given these health issues by different demographic groups within the population. Among the small statistical differences noted are that women are more likely than men to rate each of these 12 items as extremely or very important issues. By race/ethnicity, minority residents are somewhat more likely than white residents to rate the following issues as important: AIDS/HIV (97% black and 91% Hispanic to 85% white), eliminating racial/ethnic differences in health status (89% black and 88% Hispanic to 76% white), sexually transmitted disease (90% Hispanic and 87% black to 77% white), infant deaths (90% black and 85% Hispanic to 76% white), teen pregnancy (88% Hispanic and 79% black to 74% white), and injuries (67% Hispanic and 60% black to 51% white).

By age, older residents age 65 and over are more likely than others to rate cancer (98%) and heart disease (89%) as extremely or very important, but least likely to say the same about AIDS/HIV (75%). Parents of children under age 18 are more likely than non-parents to give high importance ratings to AIDS/HIV (90% to 83%), alcohol/drug abuse (87% to 79%), infant deaths (85% to 73%), and worksite/environmental hazards (82% to 74%). Residents of New Jersey's major urban centers are more likely than other residents to give high importance ratings to access/ability to pay for care (99%), AIDS/HIV (95%), vaccine-preventable infectious disease (92%), teen pregnancy (85%), and injuries (62%).

Compared to the 1991 survey results, the percentage of New Jerseyans who consider these issues as extremely or very important is the same for 8 of these 12 items. The ratings for sexually transmitted disease (-7% age points) and AIDS/HIV (-5% age points) are down nominally, while the perceived importance of injuries has decreased by 15 percentage points.

This latter trend is probably due in part to the fact that the 1991 survey included “automobile deaths, homicide, and suicide” in its description of injuries whereas the current survey does not. Also, the item on eliminating racial/ethnic differences in health status was not asked in 1991.

D. Most Important Health Issue (Close-Ended)

After rating each of the 12 health issues on importance, study participants were asked to select one as the most important for New Jersey. After considering these issues within the context of the survey, cancer (24%) emerged as the top issue -- named by 1-in-4 study participants (Table 3). Sixteen percent chose access/ability to pay for care and 15 percent choose AIDS/HIV as the most important health issue. The remaining 9 issues were each chosen by 6 percent or fewer participants as the most important issue, including: alcohol/drug abuse (6%), heart disease (5%), worksite/environmental hazards (4%), teen pregnancy (4%), sexually transmitted disease (3%), vaccine-preventable infectious disease (2%), racial/ethnic differences in health status (2%), infant deaths (1%), and injuries (<1%).

Among different demographic groups in the population, black residents are most likely to choose AIDS/HIV (40% to 25% Hispanic and 9% white) and Hispanic residents are more likely than others to choose sexually transmitted disease (12% to 5% black and 1% white) as the state’s most important issue from among the 12 mentioned in the survey. Similarly, younger adults age 18 to 29 are more likely than older age cohorts to name AIDS/HIV (22%) and sexually transmitted disease (9%) as most important. Parents of children under age 18 (20%) are more likely than other residents (12%) to select AIDS/HIV as the state’s most important health issue. Residents of urban areas in New Jersey are also more likely to name AIDS/HIV (25% major

urban center and 21% other urban areas) as most important. Major urban center residents are also most likely among New Jerseyans to choose alcohol/drug abuse (13%) as the most important health concern.

White residents are more likely than minority residents to name cancer (29% white to 14% Hispanic and 11% black) or access/ability to pay for care (19% white to 9% Hispanic and 7% black). Also, residents age 50 to 64 (23%) are more likely than other age groups to see access/ability to pay for care as most important (compared to around 13% to 15% among other age groups). Residents of suburban and rural areas of the state are more likely than urban residents to select either cancer or access/ability to pay for care as the most important health issue in the state from among the 12 mentioned in the survey.

The rank order of these issues has changed since the 1991 study when AIDS/HIV was named as the most important issue by 35 percent of study participants. Access/ability to pay for care was ranked second at 15 percent (similar to the current standing for this health issue). Cancer as the most important issue is now ranked much higher than it was in 1991 when it was chosen by only 11 percent. On the other hand, alcohol/drug abuse (11%) and worksite/environmental hazards (7%) are now somewhat less likely to be seen as the most important health issue than they were eight years ago.

E. Role of Different Entities in Addressing Health Issues

The 1999 survey included a new question asking study participants to assess the role of 11 different entities in addressing their most important health issue. Among these choices, New Jerseyans feel that doctors (86%), hospitals (85%), families (83%), and individuals (82%) are the

leading entities that have an “extremely” or “very” important role in addressing the state’s most important health issue (Table 4). Two-thirds or more also say that federal government (72%), state government (71%), and schools (66%) have an extremely or very important role. Six-in-ten say the same about local government (61%), and about half say the same about the role of the news media (56%), employers (55%), and churches (47%) in addressing the most important health issue.

Minority residents and urban residents are more likely than other New Jerseyans to say that each of these entities plays an extremely or very important role in addressing the health issue they name as most important. The racial/ethnic difference is largest in perceived role of schools and churches. Over 4-in-5 black (83%) and Hispanic (80%) residents feel that schools play an extremely or very important role in addressing their major health issue. Similar, 70 percent of black residents and 64 percent of white residents say the same about the role of churches, compared to 39 percent of white residents. Also, Hispanic residents are most likely to see individuals (96%) as having an extremely or very important role, and black residents are most likely to say the same about doctors (95%) and hospitals (92%).

There are also differences in the perceived role of these 11 entities by the type of issue study participants name as the state’s most important health concern:

Those who name cancer as the most important issue are more likely to feel that hospitals (95%), doctors (91%), individuals (81%), families (74%), federal government (73%), and state government (68%) play an important role in addressing this issue.

Those who cite access to or ability to pay for care as the most important issue are more likely to feel that state government (82%), hospitals (82%), doctors (80%), federal government (78%), families (77%), employers (74%), and individuals (73%) play an important role in addressing this issue.

Those who name AIDS/HIV as the most important issue are more likely to feel that doctors (97%), hospitals (95%), families (90%), individuals (87%), schools (86%), state government (74%), federal government (72%), and local government (72%) play an important role in addressing this issue.

Those who cite alcohol or drug abuse as the most important issue are more likely to feel that families (94%), individuals (93%), schools (90%), doctors (73%), hospitals (73%), state government (72%), local government (70%), the news media (68%), and churches (66%) play an important role in addressing this issue.

Those who cite heart disease as the most important issue are more likely to feel that hospitals (93%), doctors (90%), families (79%), and individuals (73%) play an important role in addressing this issue.

Those who name worksite or environmental hazards as the most important issue are more likely to feel that state government (86%), federal government (82%), employers (80%), schools (73%), the news media (72%), local government (71%), doctors (69%), and hospitals (66%) play an important role in addressing this issue.

Those who cite teen pregnancy as the most important issue are more likely to feel that families (100%), individuals (86%), schools (83%), churches (79%), and doctors (74%) play an important role in addressing this issue.

Those who cite sexually transmitted disease as the most important issue are more likely to feel that families (100%), individuals (97%), schools (95%), hospitals (92%), doctors (87%), federal government (70%), and churches (66%) play an important role in addressing this issue.

Those who name vaccine-preventable infectious disease as the most important issue are more likely to feel that families (96%), individuals (92%), doctors (81%), hospitals (73%), federal government (73%), and schools (69%) play an important role in addressing this issue.

Those who cite eliminating racial/ethnic differences in health status as the most important issue are more likely to feel that all these entities play an important role in addressing this issue, including families (95%), individuals (92%), schools (92%), employers (90%), hospitals (89%), doctors (88%), federal government (87%), state government (81%), the news media (78%), churches (76%), and local government (67%).

Finally, those who cite either infant deaths or injuries as the most important issue are more likely to feel that families (100%), individuals (100%), hospitals (100%), doctors (89%), schools (70%), and churches (68%) play an important role in addressing these issues.

F. Conclusions

A clear trend is seen when examining New Jerseyans' assessment of the state's most important health issues across the three different question formats utilized in the survey. Cancer emerges as the top issue, followed closely by access/ability to pay for care and AIDS/HIV. Injury is considered the least important of the 12 issues specifically mentioned in the survey. The remaining eight issues -- alcohol/drug abuse, heart disease, worksite/environmental hazards, teen pregnancy, sexually transmitted disease, vaccine-preventable infectious disease, racial/ethnic differences in health, and infant deaths -- cluster together after the top three issues.

The top three issues are in a slightly different order than they were in 1991, when AIDS/HIV was the top issue, followed by access/ability to pay for care, and then cancer.

The health care profession (such as doctors and hospitals) along with individuals and their families are seen as playing the most important role in addressing the majority of these health issues. Government and schools are also considered to be important players in addressing these concerns. The news media, employers, and churches are generally seen as having less of a role. However, the relative importance of each of these entities varies depending on the health issue that is named as most important.

TABLE 1
“TOP OF MIND” MOST IMPORTANT HEALTH ISSUE [A-1]

TOTAL	Access/ pay for care 19%	Cancer 15%	Poll- ution 13%	Senior citizen health 7%	AIDS -HIV 5%	Health insur- ance 5%	Alcohol & drug abuse 3%	Work/ environ hazard 3%	Heart disease 1%	Infect- ious disease 1%	Child health 1%	Clean water 1%	STDs 1%	Other 4%	Don't Know 19%	(n) (804)
<u>Gender</u>																
--Male	18	11	13	5	5	6	5	4	1	2	1	1	--	6	20	(389)
--Female	20	18	14	8	5	4	2	3	2	1	1	1	1	3	17	(415)
<u>Race</u>																
--White	22	16	12	7	3	6	2	4	2	1	--	1	--	4	19	(571)
--Black	14	12	17	5	12	5	3	1	--	1	2	1	2	7	18	(101)
--Hispanic	12	6	15	4	10	2	12	4	--	1	4	1	2	3	20	(65)
--Asian/Other	7	15	14	16	9	2	6	--	3	2	2	--	--	2	21	(45)
<u>Age</u>																
--18 to 29	15	15	12	2	5	4	3	4	--	--	1	--	3	6	29	(142)
--30 to 49	19	16	13	2	8	6	5	4	1	1	1	2	--	4	17	(340)
--50 to 64	29	16	14	12	1	6	2	3	2	2	2	1	--	2	10	(193)
--65 and older	14	11	13	19	2	3	3	3	4	1	--	--	--	6	20	(118)
<u>Has Child under 18</u>																
--Yes	19	14	16	2	10	4	3	3	1	1	2	1	--	5	19	(304)
--No	19	15	11	10	2	6	4	3	2	1	1	1	1	4	19	(495)
<u>Region of State</u>																
--North	18	15	13	8	6	4	5	3	2	1	1	1	1	4	17	(386)
--Central	20	17	12	5	5	6	--	2	2	1	2	1	1	5	21	(205)
--South	20	12	14	7	4	6	3	5	1	1	--	2	--	6	19	(213)
<u>Type of Municipality</u>																
--Major urban center	10	8	19	2	14	3	8	2	3	2	2	--	2	--	23	(68)
--Urban and surround	20	15	15	7	7	4	7	2	1	1	--	--	--	5	16	(164)
--Older town/suburb	20	12	16	8	4	6	3	4	1	2	--	2	2	2	16	(181)
--Newer suburb	20	19	9	6	2	7	1	3	1	1	2	1	1	6	20	(270)
--Rural	20	13	12	10	5	3	--	5	2	--	1	2	--	7	20	(120)
<u>PAST SURVEYS</u>																
--April 1991	20%	5%	15%	6%	16%	1%	3%	13%	1%	1%	2%	--%	1%	2%	14%	(800)

TABLE 2
RATED IMPORTANCE OF HEALTH ISSUES [A-2]

*Those saying this
issue is "extremely
or very important":*

	<u>Cancer</u>	<u>Access/ pay for</u>	<u>AIDS</u>	<u>Heart</u>	<u>Infect-</u>	<u>Alcohol</u>		<u>Racial</u>	<u>Infant</u>	<u>Work/</u>	<u>Teen</u>	<u>Injuries</u>	<u>(n)</u>
TOTAL	93%	89%	86%	84%	disease	& drug	STDs	diffrence	deaths	hazard	preg-	54%	(804)
<u>Gender</u>													
--Male	91	85	83	80	79	77	75	76	73	72	70	51	(389)
--Female	96	91	88	87	85	85	84	83	82	82	81	57	(415)
<u>Race</u>													
--White	94	88	85	83	81	81	77	76	76	77	74	51	(571)
--Black	92	93	97	87	82	86	87	89	90	80	79	60	(101)
--Hispanic	95	95	91	90	92	83	90	88	85	81	88	67	(65)
--Asian/Other	90	78	76	76	74	80	70	80	70	73	76	52	(45)
<u>Age</u>													
--18 to 29	91	89	89	79	80	80	84	81	82	70	74	57	(142)
--30 to 49	94	88	90	83	82	81	76	81	81	81	77	53	(340)
--50 to 64	90	96	85	85	81	83	82	76	74	77	72	51	(193)
--65 and older	98	84	75	89	82	81	78	75	68	75	81	57	(118)
<u>Has Child under 18</u>													
--Yes	92	90	90	81	84	87	78	80	85	82	78	56	(304)
--No	94	87	83	85	80	79	81	79	73	74	75	52	(495)
<u>Region of State</u>													
--North	92	91	85	84	80	83	80	79	78	77	77	53	(386)
--Central	96	86	87	84	86	79	77	84	78	76	77	50	(205)
--South	93	89	87	84	80	82	82	77	77	79	72	59	(213)
<u>Type of Municipality</u>													
--Major urban center	92	99	95	88	92	87	83	79	85	76	85	62	(68)
--Urban and surround	93	88	86	84	80	80	81	79	82	71	75	54	(164)

--Older town/suburb	96	88	86	82	83	82	78	78	74	81	79	50	(181)
--Newer suburb	94	87	86	86	81	82	79	82	78	76	76	53	(270)
--Rural	90	87	77	79	77	80	77	76	71	84	67	57	(120)

PAST SURVEYS

--April 1991	93%	88%	91%	84%	81%	84%	87%	na	78%	79%	75%	69%	(800)
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TABLE 3
MOST IMPORTANT HEALTH ISSUE AMONG THOSE LISTED [A-3]

	<u>Cancer</u>	<u>Access/ pay for care</u>	<u>AIDS -HIV</u>	<u>Alcohol & drug abuse</u>	<u>Heart disease</u>	<u>Work/ environ hazard</u>	<u>Teen preg- nancy</u>	<u>STDs</u>	<u>Infect- ious diseased</u>	<u>Racial diffrence</u>	<u>Infant deaths</u>	<u>Injuries</u>	<u>No choice/ Other</u>	<u>Don't Know</u>	<u>(n)</u>
TOTAL	24%	16%	15%	6%	5%	4%	4%	3%	2%	2%	1%	--%	13%	4%	(804)
<u>Gender</u>															
--Male	23	16	16	7	7	4	4	2	3	3	1	1	11	3	(389)
--Female	25	15	15	5	3	3	4	3	2	2	1	--	14	5	(415)
<u>Race</u>															
--White	29	19	9	6	6	4	3	1	3	2	1	--	13	4	(571)
--Black	11	7	40	3	2	3	3	5	--	3	3	1	14	6	(101)
--Hispanic	14	9	25	8	3	4	7	12	2	4	2	--	7	1	(65)
--Asian/Other	20	11	20	13	2	1	8	2	2	5	2	--	8	7	(45)
<u>Age</u>															
--18 to 29	18	14	22	8	1	3	6	9	3	4	--	1	10	2	(142)
--30 to 49	27	15	17	6	5	4	4	1	3	3	3	--	10	2	(340)
--50 to 64	29	23	11	5	6	2	2	--	1	1	--	--	14	6	(193)
--65 and older	22	13	10	6	9	2	2	1	2	1	--	--	23	10	(118)
<u>Has Child under 18</u>															
--Yes	19	16	20	5	3	5	5	2	4	3	3	1	11	4	(304)
--No	28	15	12	7	6	2	3	3	2	2	1	--	14	4	(495)
<u>Region of State</u>															
--North	22	14	17	8	6	3	5	4	3	3	1	1	13	2	(386)
--Central	28	19	14	5	3	4	2	3	3	2	3	--	10	5	(205)
--South	24	15	14	5	6	5	4	1	1	2	1	--	14	6	(213)
<u>Type of Municipality</u>															
--Major urban center	11	11	25	13	3	2	6	7	4	4	2	1	8	4	(68)
--Urban and surround	17	10	21	7	6	3	7	4	4	2	1	1	17	3	(164)

--Older town/suburb	29	20	11	7	4	6	2	2	1	1	2	--	13	3	(181)
--Newer suburb	27	19	15	4	6	2	4	1	1	3	1	--	12	5	(270)
--Rural	32	16	9	5	5	4	3	2	3	3	2	--	12	7	(120)

PAST SURVEYS

--April 1991	11%	15%	35%	11%	3%	7%	4%	2%	1%	na	1%	1%	9%	--%	(800)
--------------	-----	-----	-----	-----	----	----	----	----	----	----	----	----	----	-----	-------

TABLE 4
ROLE OF DIFFERENT ENTITIES IN ADDRESSING
MOST IMPORTANT HEALTH ISSUE [A-4]

*Those saying their
role is "extremely
or very important":*

	<u>Doctors</u> 86%	<u>Hosp- itals</u> 85%	<u>Families</u> 83%	<u>Indivi- duals</u> 82%	<u>Federal gov't</u> 72%	<u>State gov't</u> 71%	<u>Schools</u> 66%	<u>Local gov't</u> 61%	<u>News media</u> 56%	<u>Empl- oyers</u> 55%	<u>Churches</u> 47%	<u>(n)</u> (675)
TOTAL												
<u>Gender</u>												
--Male	83	84	82	83	71	68	69	58	53	55	45	(335)
--Female	89	85	83	81	74	75	63	64	58	55	49	(340)
<u>Race</u>												
--White	84	83	80	79	70	68	60	56	52	50	39	(478)
--Black	95	92	90	83	77	76	83	77	62	67	70	(83)
--Hispanic	88	85	90	96	76	77	80	69	68	62	64	(59)
--Asian/Other	85	87	90	90	82	89	76	74	73	64	54	(38)
<u>Age</u>												
--18 to 29	88	90	88	82	72	72	70	62	51	45	42	(126)
--30 to 49	84	84	82	83	73	71	66	61	57	57	48	(301)
--50 to 64	86	80	83	80	73	70	61	63	54	61	43	(156)
--65 and older	92	87	78	77	75	75	65	59	61	60	59	(82)
<u>Has Child under 18</u>												
--Yes	85	86	86	83	74	74	71	65	58	60	53	(258)
--No	87	84	81	81	71	70	62	58	54	52	43	(413)
<u>Region of State</u>												
--North	85	86	85	81	71	71	68	61	56	52	50	(327)
--Central	90	85	83	81	74	71	65	62	51	54	40	(175)
--South	85	82	78	84	74	71	64	62	60	61	48	(173)
<u>Type of Municipality</u>												
--Major urban center	95	92	89	82	83	84	81	75	71	69	62	(59)

--Urban and surround	85	84	83	82	75	72	71	61	57	53	55	(133)
--Older town/suburb	84	81	81	80	71	71	64	59	54	57	36	(155)
--Newer suburb	87	84	83	82	71	66	62	59	53	51	44	(230)
--Rural	85	85	85	82	67	71	58	59	50	55	48	(97)

TABLE 4 (continued)
ROLE OF DIFFERENT ENTITIES IN ADDRESSING
MOST IMPORTANT HEALTH ISSUE [A-4]

*Those saying the
 role is "extremely
 or very important":*

TOTAL	<u>Doctors</u> 86%	<u>Hospitals</u> 85%	<u>Families</u> 83%	<u>Indivi- duals</u> 82%	<u>Federal gov't</u> 72%	<u>State gov't</u> 71%	<u>Schools</u> 66%	<u>Local gov't</u> 61%	<u>News media</u> 56%	<u>Empl- oyers</u> 55%	<u>Churches</u> 47%	<u>(n)</u> (675)
<u>Most Important Issue</u>												
--Cancer	91	95	74	81	73	68	49	58	50	48	36	(200)
--Access to and ability to pay for basic health services	80	82	77	73	78	82	49	58	48	74	33	(140)
--AIDS and HIV infection	97	95	90	87	72	74	86	72	60	47	59	(117)
--Alcohol and drug abuse	73	73	94	93	64	72	90	70	68	60	66	(44)*
--Heart disease	90	93	79	73	63	55	51	48	46	58	48	(38)*
--Worksite and environmental hazards	69	66	65	62	82	86	73	71	72	80	31	(35)*
--Teen pregnancy	74	63	100	86	63	60	83	53	71	36	79	(29)*
--Sexually transmitted disease	87	92	100	97	70	62	95	57	59	35	66	(20)*
--Vaccine-preventable and other infectious disease	81	73	96	92	73	59	69	53	57	30	25	(20)*
--Eliminating racial/ethnic differences in health status	88	89	95	92	87	81	92	67	78	90	76	(20)*
--Infant deaths/Injuries	89	100	100	100	59	59	70	44	57	55	68	(12)*

* Note: findings may not be statistically significant for issues with small n-sizes.

APPENDIX A:
SURVEY INSTRUMENT

(n=804)

Hello, my name is _____ (first and last name). I'm calling from the Eagleton Poll, and I'm taking a public opinion survey of New Jersey adults for Rutgers University. I'd like your views on some current topics in the news.

A-1. The State of New Jersey has been looking at health issues. What is the most important health concern facing the State of New Jersey?

[INTERVIEWER-THIS IS AN OPEN-END WITH PRECODED RESPONSES **DO NOT READ LIST !!!**]

3%	Alcohol and drug abuse
5	AIDS and HIV infection
15	Cancer
2	Heart disease (e.g. high blood pressure, hypertension)
<1	Infant deaths
<1	Injuries
<1	Teen pregnancy
1	Sexually transmitted disease (venereal disease)
1	Vaccine-preventable and other infectious disease (e. g. measles, tuberculosis)
3	Worksite and environmental hazards (e.g. exposure to toxic waste, asbestos)
<1	Eliminating racial/ethnic differences in health status
19	Access to and ability to pay for basic health services
13	Pollution
7	Elderly/senior citizen health issues
1	Other child health issues
5	Health insurance
1	Clean water
4	Other: Specify _____
19	Don't Know

A-2. And, for each of the following health issues, please tell me if you think it is extremely important, very important, somewhat important, not too important, or not at all important? First, how about (**START AT DESIGNATED POINT**) — is that extremely, very, somewhat, not too, or not at all important?

	<u>Extremely Important</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not too Important</u>	<u>Not at All Important</u>	<u>Don't Know</u>
<u>ROTATE ITEMS</u>						
a. Alcohol and drug abuse	39%	42%	14%	2%	1%	1%
b. AIDS and HIV infection	47	39	9	2	1	2
c. Cancer	55	38	5	1	--	1
d. Heart disease (e.g. high blood pressure, hypertension)	37	47	14	1	1	--
e. Infant deaths	35	43	14	4	1	3
f. Injuries	15	40	36	6	1	3
g. Teen pregnancy	31	45	18	3	1	1

h.	Sexually transmitted disease (venereal disease)	37%	43%	15%	4%	1%	1%
I.	Vaccine-preventable and other infectious disease (e. g. measles, tuberculosis)	34	47	14	3	1	--
j.	Worksite and environmental hazards (e.g. exposure to toxic waste, asbestos)	33	44	17	4	--	2
k.	Eliminating racial/ethnic differences in health status	38	41	12	2	3	4
l.	Access to and ability to pay for basic health services	45	44	8	1	1	2

A-3. While all of these health issues may be important, which one do you think is the most important for New Jersey? **[PROBE FOR SINGLE RESPONSE]**

- 6% Alcohol and drug abuse
- 15 AIDS and HIV infection
- 24 Cancer
- 5 Heart disease (e.g. high blood pressure, hypertension)
- 1 Infant deaths
- <1 Injuries
- 4 Teen pregnancy
- 3 Sexually transmitted disease (venereal disease)
- 2 Vaccine-preventable and other infectious disease (e. g. measles, tuberculosis)
- 4 Worksite and environmental hazards (e.g. exposure to toxic waste, asbestos)
- 2 Eliminating racial/ethnic differences in health status
- 16 Access to and ability to pay for basic health services
- 13 Can't choose one/none of these [VOL]
- 4 Don't know

[IF #1 thru 12 IN A-3, ASK A-4. ALL OTHERS GO TO M-1.]

[CATI: NOTE WORDING CONDITION IN A-4 – USE “preventing” except if response in A-3 is #11-Eliminating racial... or #12-Access... -- IN THOSE TWO CASES USE “addressing”]

A-4. You said [RESPONSE FROM A-3] is the most important issue for New Jersey. Please tell me, for each of the following, if you think their role in [preventing/addressing] this issue is extremely important; very important; somewhat important; not too important, or not at all important?

First, how about [READ ITEM] -- is their role in [preventing/addressing] [RESPONSE FROM A-3] extremely important, very important, somewhat important, not too important, or not at all important?

(n=675)

	ROTATE ITEMS	Extremely <u>Important</u>	Very <u>Important</u>	Somewhat <u>Important</u>	Not too <u>Important</u>	Not at All <u>Important</u>	Don't <u>Know</u>
a.	Individuals	43%	38%	12%	2%	1%	2%
b.	Families	44	39	12	2	1	1
c.	Doctors	43	43	10	2	1	1
d.	Hospitals	44	41	11	2	2	--
e.	Churches	17	30	28	14	10	2
f.	Schools	31	35	22	8	3	1
g.	Employers	23	32	29	9	5	2
h.	News Media	21	35	27	9	8	--
I.	Local Government	27	34	24	8	5	1
j.	State Government	35	36	19	5	4	--
k.	Federal Government	39	34	19	5	3	1

Just a few more questions so we can classify your answers.

D1. In politics today, do you consider yourself a Democrat, Republican, Independent, or something else?

1. DEMOCRAT -----> **SKIP TO Q.XD2**
2. REPUBLICAN ----->**SKIP TO Q.XD2**
3. INDEPENDENT
4. SOMETHING ELSE/OTHER
9. DONT KNOW/NO OPINION/RF

(IF #3,4, OR 9 TO Q. D1, ASK)

D2. Do you lean more toward the Democratic Party or more toward the Republican Party?

1. DEMOCRATIC PARTY
2. REPUBLICAN PARTY
3. OTHER PARTY
4. NEITHER
9. DONT KNOW/NO OPINION/RF

XD2. Are you currently registered to vote here in New Jersey?

1. Yes
2. No
9. Don't know/RF

D5. Did you receive a high school diploma?

1. YES
2. NO -----> **GO TO Q. D7**
9. DONT KNOW/RF -----> **GO TO Q. D7**

(IF "YES" TO Q. D5, ASK:)

D6. Did you ever attend college? (**IF YES, ASK:** Did you graduate?)

1. YES, GRADUATED (not specific) ---> **ASK D.6A**
2. YES, DID NOT GRADUATE
3. JUNIOR COLLEGE--GRADUATE
4. VOCATIONAL/TECHNICAL SCHOOL
5. NO
9. DONT KNOW/RF

D6A. Was this from a 4-year college, a two-year or junior college, or a vocational-technical school?

1. FOUR YEAR
2. TWO YEAR/JR.
3. VO-TECH
4. OTHER
9. DONT KNOW/RF

D7. Are you currently employed, temporarily laid off, retired or not employed?

1. EMPLOYED
2. TEMPORARILY LAID OFF
3. RETIRED
4. NOT EMPLOYED
9. OTHER/REFUSED

D9. Are you the chief wage earner in your household?

1. YES
2. NO
9. DON'T KNOW/RF

D12. Do you own or rent your apartment or house?

1. OWN
2. RENT
3. LIVE RENT FREE WITH PARENTS/RELATIVES
4. BOTH OWN AND RENT
9. NOT DETERMINED/RF/DK

D13. Are you married, widowed, divorced, separated, or have you never been married?

1. MARRIED
2. WIDOWED
3. DIVORCED
4. SEPARATED
5. NEVER MARRIED
9. DON'T KNOW/RF

XD13A. Do you have any children under the age of 18? **(IF YES, ASK: How many?)**

/_____/ **(CODE 0=None, 8=8 or more, 9=REFUSED)**

[IF XD13A IS BETWEEN 1 and 8, ASK XD13B]

XD13B. Do you have any children under the age of 13? **(IF YES, ASK: How many?)**

/_____/ **(CODE 0=None, 8=8 or more, 9=REFUSED)**

XD13C. Do you currently smoke cigarettes?

1. YES --->**SKIP TO D14A**
2. NO
9. DK/RF

XD13D. Do you use any other type of tobacco product?

1. YES
2. NO
9. DK/RF

D14A. And, are you a Latino or of Hispanic origin?

1. Yes
2. No
9. Don't know/RF

D14B. Are you white, black or Asian origin?

1. White
2. Black
3. Asian
4. Other (specify:_____)
9. Not determined/RF

D16. What was your age on your last birthday?

/ / / (CODE # OF YEARS, 99 = REFUSED)

D17. [IF REFUSED IN D.16, ASK:] Is it between...

1. 18 - 20
2. 21 - 24
3. 25 - 29
4. THIRTIES (30 - 39)
5. FORTIES (40 - 49)
6. FIFTIES (50 - 59)
7. 60 - 64
8. 65 OR OVER
9. NO ANSWER/REFUSED

D18. Where do you live--in what township or municipality? In what county is that?

/ / / / /
County Town

D19. So that we can group all answers, is your total annual family income before taxes: Under \$35,000; between \$35,000 to just under \$70,000; or \$70,000 to \$100,000; or \$100,000 or more?

1. UNDER \$35,000
2. \$35,000 TO \$69,999
3. \$70,000 TO \$100,000
4. \$100,000 OR MORE
9. DON'T KNOW/RF

APPENDIX B:
SURVEY METHODOLOGY

SURVEY METHODOLOGY

I. INTRODUCTION

The Healthy New Jersey 2010 State Health Issues Opinion Survey was developed by The Eagleton Institute's Center for Public Interest Polling in consultation with representatives from NJDHSS. The main objective of the survey is to provide information on the public's top health concerns.

II. QUESTIONNAIRE DEVELOPMENT

Eagleton conducted a similar survey in 1991 for NJDHSS and that instrument was used as the basis for the current survey. Representatives of NJDHSS also proposed additional questions to be addressed in the study. The questionnaire was then drafted and refined by the Eagleton research staff. The draft questionnaire was pretested with a random group of New Jersey residents and modifications were made to the survey instrument in order to increase the understandability and accuracy of the questions asked.

Besides the series of questions on identifying state health concerns and the role of different entities in addressing those concerns, some basic demographic information was obtained from all study participants in order to provide more detailed analysis of the data.

The final version of the questionnaire was programmed into a CATI (Computer Assisted Telephone Interview) system. The CATI system enables the interviewer to accurately skip over certain questions which may be irrelevant to a particular study participant, while retaining the flow and integrity of the interview process.

III. SAMPLE DESIGN

A random proportional probability sample was used to select the 804 New Jersey residents 18 years of age and older who were contacted to participate in this study. The sample was designed to make sure that each of the state's 21 counties was proportionately represented and that an equal number of men and women were interviewed. The three-digit exchange was used to match telephone numbers and geographic areas. The remaining four digits were randomly selected. This procedure insures that those with unlisted or new telephone numbers are included in the sample. Each working phone number was called a minimum of three times, at different times of the week, in an effort to reach people who were infrequently at home.

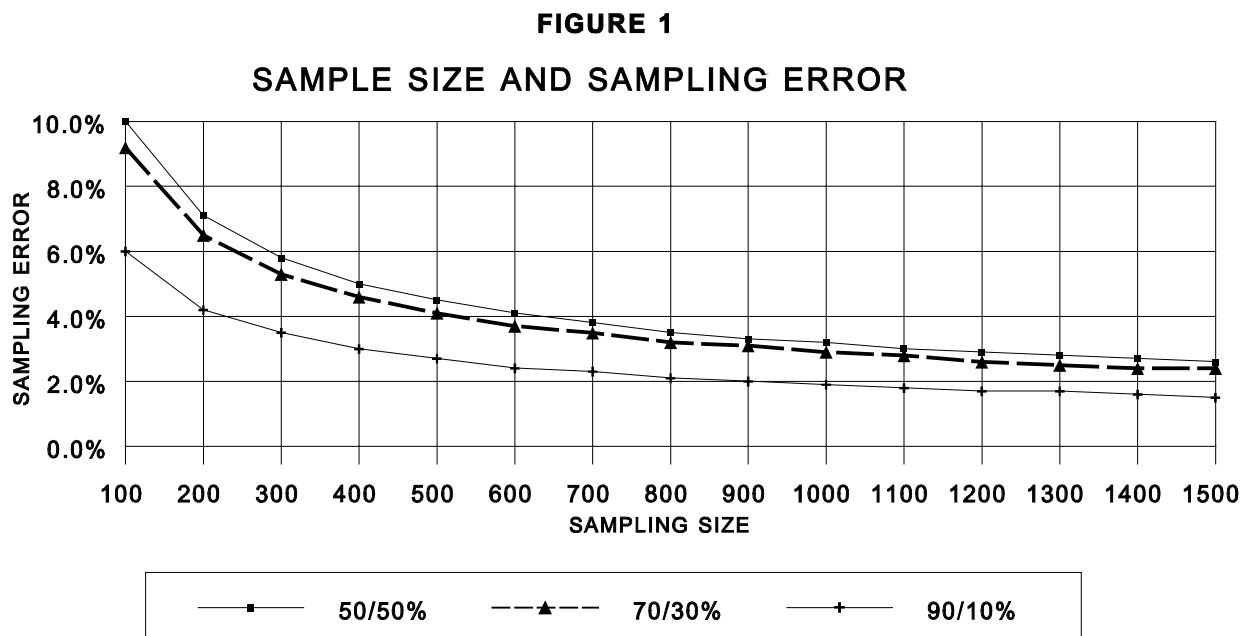
IV. WEIGHTING

While those interviewed in a survey ideally will have the same characteristics as the population they represent, samples frequently may under-represent groups that are more difficult to interview, such as the elderly or those with less than a high school education. To correct this imbalance, a statistical technique known as "weighting" is used. The weighting procedure compares New Jersey population figures for age and education based on census data with those of the sample. When there is significant difference between these two figures, the sample is weighted so it more accurately reflects the population of the state. For example, if census figures show 39 percent of New Jerseyans 18 years and older to have a high school education, and the sample consists of 32 percent with a high school education, each respondent in this category would be counted as 1.21 persons to adjust for this difference.

V. SAMPLING ERROR

The percentages obtained in a sample survey are estimates of what the distribution of responses would be if the entire population had been surveyed. "Sampling error" is a statistical term which describes the probable difference between interviewing everyone in a given population and a sample drawn from that population. For example, the sampling error associated with a sample of 804 persons is ± 3.5 percent at a 95 percent confidence interval. Thus, if 47 percent of those in a sample of 804 are found to agree with a particular statement, the percentage of agreement within the population from which the sample was drawn would be between 43.5 and 50.5 percent ($47 \pm 3.5\%$) 95 times out of 100.

Sampling error increases as the sample size is reduced. For, example, if statements are made based on a sub-group of 400 persons, the sampling error is ± 5 percent. This fact must be kept in mind when comparing the responses of different groups within a sample (e.g. men compared with women). Figure 1 in this appendix shows the relationship between sample (or



group) size and sampling error.

Readers should note that sampling error does not take into account other possible sources of error inherent in any study of public opinion.

VI. DATA COLLECTION

The study involved CATI interviews with a random probability sample of 804 New Jersey residents 18 years of age and older. The CATI interviews were conducted by telephone between May 4 and May 11, 1999 by experienced professional interviewers who were trained and monitored by the Eagleton research staff.

VII. DATA PROCESSING AND ANALYSIS

The CATI system generates a computer readable data file which reduces the amount of error inherent in the coding and entry of data recorded on paper questionnaires. An SPSS (Statistical Package for the Social Sciences) computer file was developed to process the CATI information. The SPSS system enabled the Eagleton research staff to integrate the survey data so that it could be presented in aggregate form.

VIII. REGIONAL CLASSIFICATIONS

Region is classified according to county boundaries:

North -- Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union, and Warren

Central -- Hunterdon, Mercer, Middlesex, Monmouth, and Somerset

South -- Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean,

and Salem

Type of Community: All municipalities in the state have been classified into one of five groups or "types," based on location, settlement patterns, population density and growth.

Major Urban Centers -- New Jersey's largest cities: Newark, Jersey City, Paterson, Elizabeth, Trenton, and Camden.

Urban Centers & Surrounding Areas -- This category is generally based on the cities of the state over 25,000, but also includes densely populated suburbs of urban areas which also have similar socio-economic characteristics. For example, all of Hudson county (outside of Jersey City), and much of Union, eastern Essex and southern Bergen counties are included in this category.

Older Towns & Suburbs -- This category includes two types of municipalities: urban suburbs which are not as densely populated and/or have significantly higher socio-economic characteristics than the nearby urban center; and densely populated towns which are not near urban centers, and have not experienced major development in the past decade.

New Suburbs -- These are primarily suburban areas which are "outside central city" proportions of the Census Bureau's Standard Metropolitan Statistical Areas and have continued to experience growth in the past 20 years. These municipalities are usually within a short distance of urban centers.

Rural -- This includes municipalities not in any of the categories above. These are small communities with scattered populations and somewhat denser small towns which are surrounded by rural areas.

APPENDIX C:

PROFILE OF STUDY PARTICIPANTS

(n=804)

Gender

--Male	47%
--Female	53

Age

--18 to 29	22
--30 to 49	42
--50 to 64	19
--65 and older	17

Race

--White	70
--Black	15
--Hispanic	10
--Asian/Other	5

Has Child under 18

--Yes	38
--No	62

Education

--High school or less	51
--Some college	23
--College graduate	26

Income

--Less than \$30,000	26
--\$30,000-50,000	25
--\$50,000-70,000	20
--Greater than \$70,000	28

Region of State

--North	47
--Central	25
--South	28

Type of Community

--Major urban center	10
--Urban & surrounds	23
--Older town & suburb	21
--Newer suburb	32
--Rural	15